


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 20, 2006 08:00 AM
Secretary of State

| | | |
|---|--|--|
| DOCUMENT # P01000037401 1. Entity Name CREATIVE STEPS, INC. | |  |
| Principal Place of Business 8344 CORPORATE WAY NEW PORT RICHEY FL 34654 | | Mailing Address CREATIVE STEPS 8344 CORPORATE WAY NEW PORT RICHEY FL 34654 |
| 2. Principal Place of Business <i>8344 Corporate Way</i> | 3. Mailing Address <i>Same</i> | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | |
| City & State <i>New Port Richey</i> | City & State | |
| Zip <i>34654</i> | Country <i>FL</i> | 4. FEI Number 59-3709747 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MOBBS, PAMELA 11849 ENTERPRISE DR. PT. RICHEY FL 34668 | | 7. Name and Address of New Registered Agent |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent. SIGNATURE <i>Pamela Mobbs</i> | | DATE <i>2-16-06</i> |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | | 9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution. \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| TITLE D | NAME MOBBS, PAMELA | TITLE |
| STREET ADDRESS 11849 ENTERPRISE DR | CITY-ST-ZIP PORT RICHEY FL 34668 | NAME |
| TITLE D | NAME HUDAK, SHERRY | TITLE |
| STREET ADDRESS 10117 BOZEMAN | CITY-ST-ZIP NEW PORT RICHEY FL 34655 | NAME |
| TITLE | NAME | TITLE |
| STREET ADDRESS | CITY-ST-ZIP | NAME |
| TITLE | NAME | TITLE |
| STREET ADDRESS | CITY-ST-ZIP | NAME |
| TITLE | NAME | TITLE |
| STREET ADDRESS | CITY-ST-ZIP | NAME |



1st MOORE CR2E034 (10/05)

Applied For Not Applicable

Additional Fee Required

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when revisiting) DATE

9. Election Campaign Financing \$5.00 May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|--|--|
| TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME MOBBS, PAMELA | |
| STREET ADDRESS 11849 ENTERPRISE DR | |
| CITY-ST-ZIP PORT RICHEY FL 34668 | 000000440215 03/02/06-80032-003 158.75 |
| TITLE D | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME HUDAK, SHERRY | |
| STREET ADDRESS 10117 BOZEMAN | |
| CITY-ST-ZIP NEW PORT RICHEY FL 34655 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pamela Mobbs* *Pamela Mobbs* 2-16-06 848-8584